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## BIB DATA SHEET

CONFIRMATION NO. 6533

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/410,835 10/01/1999 ABN  
 which is a CON of 08/471,491 06/06/1995 PAT 6,090,611  
 which is a DIV of 08/256,848 10/21/1994 ABN  
 which is a 371 of PCT/EP93/00472 03/02/1993  
 and is a 371 of PCT/EP93/00158 01/25/1993

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY FI 92 A 000052 03/02/1992

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

10/15/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance /SD/ Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		ITALY	14	25 <span style="border: 1px solid black; padding: 2px;">16</span>	2 <span style="border: 1px solid black; padding: 2px;">1</span>

**ADDRESS**

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**TITLE**

Helicobacter pylori CAI antigen

FILING FEE RECEIVED 2082	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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